

PUBLIC INFORMATION MASTERFILE REQUEST FORM

Please mail request form and payment (CHECK or MONEY ORDER) to:

Department of Consumer Affairs, Public Information Unit, C/O Cashiering Unit P.O. Box 989004, West Sacramento, CA 95798

Mail Quick Shipment Deliveries (e.g., overnight, priority) to:

Department of Consumer Affairs, Public Information Unit, C/O Mailroom 1625 North Market Boulevard, Suite N-117, Sacramento, CA 95834

| DCA USE ONLY | |
|------------------------|--|
| Date Rec'd | |
| Req # | |
| Job # | |
| Letter of Intent Rec'd | |
| Date | |
| Initials | |

| | <u> </u> | dca.ca.gov Web: www.dca.ca.gov/consumer/public_i |
|---|---|--|
| | always include email and/or fax contact inform | |
| Name: | Email Address: | : |
| Phone Number: | Fax Number: _ | |
| ☐ Email or Fax Confirmation: | (Please check if requesting an email or fax con | firming receipt of your request and payment.) |
| Shipping Information: (Please pr | rovide a mailing address for shipment.) | |
| Name: | Company: | |
| Address: | | |
| | | Zip: |
| - | | nber: Amount: \$ |
| | | |
| shipping label with request form; other | | led, and shipping priority method. Include vendor ted States Mail. Not available to P.O. Boxes. Please elivery date for incoming packages.) |
| Vendor: | Account #: | Priority Method: |
| The "Masterfile" is available on two formats. The cost for the two CD set the request, with full payment. Fee five business days following the results of the set of | et is \$235.00. The turn around time is four to sign are non-refundable unless there is a defect in | format, and can be imported into database or spreadsheet ix weeks from the day the Public Information Unit receives in the product. Replacement data is not applicable after 0.00, the Requestor must submit a written request to the |
| The Masterfile includes the follo | * * | an forunas. |
| Boards: | Pharmacy | Funeral |
| Accountancy | Physical Therapy | Hearing Aid Dispensers |
| Acupuncture | Podiatry | Home Furnishings and Thermal Insulation |
| Architects | Psychiatric Technicians | Security and Investigative Services |
| Barbering and Cosmetology | Psychology | |
| Behavioral Sciences | Registered Nursing | Committees: |
| Chiropractic | Respiratory Care | Dental Auxiliaries |
| Court Reporters | Speech-Language Pathology and Audio | |
| Dental | Structural Pest Control | Physician Assistant |
| Engineers and Land Surveyors Geologists and Geophysicists | Veterinary Vocational Nursing | Veterinary Technician |
| Medical | vocational runsing | Programs: |
| Occupational Therapy | Bureaus: | Midwives |
| Optometry | Cemetery | Registered Dispensing Opticians |
| Osteopathic | Electronic and Appliance Repair | |
| ☐ This box n | nust be checked for license numbers to be | included in the data. |
| Special Instructions: | | |
| Special Histi uctions: | | |
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